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CLINICAL LECTURES.

CARCINOMA OF THE ASCENDING COLON.

ULCER OF THE SMALL INTESTINE.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

BY WILLIAM PEPPER, M.D., LL.D.,

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This patient is 67 years of age, and has been engaged in a galvanizing works. He states that he was perfectly well until seven weeks ago, when he was suddenly seized, without apparent cause, with a dull, heavy pain in the right iliac fossa. Since then, the pain has continued, the appetite has been poor, he has suffered from dyspepsia, and the bowels have been costive. After the first attack of pain he discovered a lump in the right iliac fossa extending towards the back. His appearance is that of a man who has been ill much longer than seven weeks. There is an anæmic and careworn expression which is hardly compatible with his statement, and careful investigation shows that he has been slowly failing for several months. This he attributed to advancing years, but during the past few weeks there has been a more rapid failure of flesh and strength.

There has, then, been an indefinite period of failure of general health, with no marked symptoms to attract the patient's attention, until seven weeks ago, when he began to rapidly fail. The lump which he discovered has gradually increased in size. The pain came on suddenly, one evening after he had gotten wet. It was in the right side, and not attended with nausea or vomiting. Previous to this, the bowels had been regular, but they are now constipated, and were last opened one week ago. On inspection, the abdomen appears to be symmetrical, but rather full for a man who has lost so much flesh. There is marked distension of the superficial epigastric veins, especially on the right side, but this may be an individual peculiarity. The spleen is not at all enlarged. The liver dulness extends one inch below the margin of the ribs, but on the other hand it does not go as high as normal, its upper limit being reached at about the sixth interspace. The liver dulness is, therefore, about normal, but the organ appears to be a little too low. On palpating the right iliac fossa there is felt a hard, resisting mass, which extends upwards to within one inch of the point of the twelfth rib. It passes backward to the internal line of the axilla and forward one inch and a half in front of the line of the anterior superior spinous process of the ilium. It does not extend much into the iliac fossa proper. This mass gives the impression of being as large as and about the shape of the closed fist, measuring from above downwards four or five inches, and from side to side two and a half inches. It is hard, resisting, and painful on pressure. On percussing over this mass deep-seated resonance is obtained by a strong blow, but this gives great pain to the patient. There is no lump hardness, or resistance in any other part of the abdomen.

There are very few things which this mass could be. It might be fecal impaction of the ascending colon; it might be an abscess out-

side of the wall of the ascending colon, or it might be a morbid growth attached to or involving the wall of the ascending colon. These are the three things which we have to consider in deciding as to the nature of this mass.

First, as to fecal impaction. This is quite a common occurrence in children and in old persons. We are apt to forget the liability to this condition, and this often leads to grave errors in prognosis and mistaken courses of treatment. Several years ago I saw a case in which this condition gave rise to difficulty in the diagnosis. I was called to see, in consultation, a man about the age of this patient. I found him sitting up in bed, holding himself rigid, agony being caused by any rotation or flexion of the spine. He was emaciated, and the feet were œdematous from the constrained position which he occupied. There was marked tenderness over the renal regions and careful percussion showed increased dulness to the left of the spinal column in this situation. Taking into consideration the man's age, the slight febrile action, the immobility of the spine, the pain on motion, the increased area of dulness, and the wasting of flesh, I concluded that there was either a morbid growth attached to the spinal column or disease of the vertebræ, with the formation of a slow, latent abscess. The abdominal muscles were hard, but still, on careful palpation, I detected a distinct hardness in the right iliac fossa. There had been marked constipation. The discovery of this mass inclined me to the opinion that there was a morbid growth attached to the vertebrae, with a secondary deposit in the abdominal cavity. The possibility of the abdominal tumor being the result of fecal accumulation was recognized, and it was decided that a purgative should be given. This, I understood, was done, but that the mass continued to increase in size. At the autopsy it was found that the abdominal lump was the result of an immense fecal impaction, and that the spinal trouble was the result of caries of the vertebræ, with the formation of an abscess. In that case the diagnosis was complicated by the presence of this accumulation, which, on account of the condition of the patient, could not be thoroughly examined.

In the present case the evidence in favor of fecal accumulation is very slight. Such an accumulation is not usually so painful as is this mass; it is rarely very hard, and has a sort of doughy and yielding feel. It is rarely immovably fixed, but can to a certain extent be pressed to one or the other side. It of course appears in the line of one or the other portion of the intestine, and presents an oval or sausage shape, and not like this, which is wider than it is long. Fecal inaction comes on where there has been habitual torpidity of the bowels, gradually increasing until the bowels are moved with difficulty, and the tumor gradually increases in size. In this patient the digestion has been good, and the bowels entirely regular, until seven weeks ago, when a lump was suddenly discovered. At that time it was nearly as large as at present. In this we have evidence that the lump has been slowly forming, but not discovered until an attack of local peritonitis called his attention to the spot. Its shape, immobility, the presence of pain and tenderness on pressure, are opposed to the idea of a fecal accumulation. Again, this tumor has been attended with a more serious effect upon the general health than usually accompanies impaction of the bowels. I think, therefore, that we must conclude that this is not a fecal accumulation in the colon, although it is probable that some of the mass may be due to this cause.

We next have to consider whether this is a peri-cæcal abscess or, rather as it would be in the present case, an abscess around the colon. When an abscess occurs around the large bowel it is almost always in the iliac fossa that it makes its appearance, causing the well-known symptoms of typhlitis or of peri-typhlitis. In such a case, there would be sharp pain referred to the affected spot, drawing up of the limbs, fever, vomiting, obstruction of the bowels and the appearance of a lump which could be easily felt on palpation. The attack runs through its acute stage, and when, either from want of proper treatment or from the severity of the attack, suppuration occurs, night-sweats and fever, assuming a hectic type, appear, and the mass remains hard and prominent or indistinct fluctuation may be detected.

In this patient the lump is above the iliac fossa. Although it began with sharp pain, there appears to have been no marked fever, nor have there been evidences of fever since then. He states that he has had some sweating at nights, which has been sufficient to dampen his clothing. Morbid growths, such as carcinoma, sarcoma, and the like, if attended

with inflammation of the serous membranes, surrounding them, or of the adjacent tissues, may excite a certain amount of sympathetic fever, which, in the weak state of the system, may be associated with slight disposition to night-sweats. This frequently raises a difficulty as to the diagnosis. Much difficulty is often experienced in the diagnosis between a small tumor of the liver with jaundice, and possibly with inflammation and occasional night-sweats, and distension of the gall bladder, impaction of the gall ducts or inflammation of their mucous membrane. We have become so accustomed to associate excitement of pulse, evening rise of temperature, and disposition to night-sweats, with the occurrence of suppuration in some part of the body, that when a lump appears in connection with such symptoms we are apt to conclude that it cannot be malignant, but it must never be forgotten that morbid growths may, by exciting inflammation of the serous membranes, induce sympathetic fever of this type. And more than this, the cancerous mass may have undergone central softening and develop the exact symptoms of chronic abscess, thus misleading you as to diagnosis and prognosis, and induce you to open it with the expectation of evacuating an ordinary abscess. Of course no harm is done by such a puncture, and indeed it is desirable that it should be done. I dwell upon this, because it may explain some of this man's symptoms, and to impress you with the fact that too much reliance should not be placed upon such symptoms as indicating suppuration. The man is now a little excited and the pulse is 98 per minute. The temperature is 99.5°, which is not sufficient to justify the idea of any inflammatory condition. The irritation of the peritoneum, as evinced by the marked tenderness, is sufficient to account for the excitement of pulse, the trifling rise of temperature, and even the occasional tendency to night-sweats.

In consideration of these facts, I am inclined to dismiss all thoughts of this being a chronic abscess, and to regard it as a morbid growth attached to or involving the wall of the ascending colon, and owing to the marked effect upon the general health, I think that in all probability it is of a carcinomatous character.

No operative measures are here indicated. Our treatment must be directed to maintaining a soluble condition of the bowels and to the regulation of the functions of the body. I shall order him to take a laxative mineral water several times a day. His diet will be such as to leave a considerable amount of soft residue. Such articles as oatmeal porridge, spinach, Graham bread, and fruit in small amounts, are suitable articles. Milk and pure wheaten bread are to be avoided, as tending to constipation. During the coming week the bowels will be freely acted upon, and I shall then show you what effect this has had upon the size of this tumor.

Ulcer of the Small Intestine.—This patient presents the following history: W. C., aged thirty, had sunstroke eight years ago, and since then has suffered from dyspepsia of rather an unusual type. This is worse during the winter than it is during the summer. He then has frequent attacks of pain in the stomach, relieved by eating and associated with marked flatulence between meals, irregular bowels, and other dyspeptic symptoms. Of late the trouble has grown worse, and it has been especially bad during the past year. This fall he began to observe that taking food, instead of relieving the pain, made it worse. On the 25th of October (five weeks ago), after a very bad attack of pain of the usual character, he was suddenly called to stool, and passed at least a pint of black, clotted blood. Since then he has lost flesh and strength much more rapidly than he had been doing before this.

The man is pale, but still well nourished. The tongue is moist, clean, and well shaped. The abdomen looks normal. Neither the spleen nor the liver is enlarged. The abdominal resonance is normal, but percussion gives pain. There is marked tenderness on pressure over the duodenal region.

During the winter the spells of pain come almost every day, and sometimes he has several attacks each day. They last from a few minutes to several hours, and are relieved by the escape of wind. He never vomits with the attacks, and has never had jaundice. After the acute pain is relieved, there is still left a soreness which is most distinct at the umbilicus. While the pain is at its height, he feels like urinating, and this seems to ease the pain. These spells do not take away his appetite, but if he eats meat in the evening he cannot rest at night, and for several years he has had to be careful in his diet. He drinks very little liquor, and when he does it makes the pain more severe. The bowels are costive, being

open every other day. He never passed any blood before five weeks ago.

The occurrence of this hemorrhage throws a good deal of light on what would otherwise have been a very obscure case. If we had seen this patient six months ago, I think that we should have been obliged to conclude, from the retention of flesh and strength, and from the fact that the pains were relieved, at least at first, by taking food, that it was a case of obstinate gastralgia and enteralgia. The absence of jaundice and pain over the hepatic region, and running through to the back and shoulder, and the absence of clay-colored stools, would have excluded hepatic colic, while the position of the pain, the absence of alteration of the urine, would have shown that the pain was not due to the passage of renal calculi. He states that during the spells of pain he urinated frequently, and that the act relieved the pain. This is not unusual in abdominal colic. When the bladder is distended, it is a relief for the patient to empty it, for he thus gets more room for the distended intestine. In the painful straining micturition of nephritic colic no relief is afforded, the desire to urinate being due to the spasmodic condition of the urethra and bladder. The urine, under these circumstances, is frequently mixed with blood. In view of these things, we should have regarded this case as one of obstinate gastralgia and enteralgia, involving the duodenum; indeed, I think that for a considerable time such was the condition. The occurrences of the hemorrhage compels us to take a more serious view of the case.

Among the causes of hemorrhage from the intestine in such large amount as occurred in this case, cirrhosis of the liver is to be thought of as one of the most common, and, as you well know, this condition gives rise, through a long period of months or years, to digestive disturbances. Ulceration in the course of the intestine may cause these severe hemorrhages. This condition is one which should always be borne in mind in such cases.

In this man we have no ground for suspecting cirrhosis of the liver. His appearance, his youth, and his habits are opposed to this. The liver is normal in size, he has not had dyspeptic symptoms, in the common acceptation of the term, and the appetite and digestion are good. The only thing complained of has been flatulence and repeated spells of neuralgic pains about the duodenal region. There is no disposition to ascites. There is no distension of the abdominal veins. The case has lasted a number of years, and if cirrhosis had been coming on we should have expected to have had by this time more disturbance of the general health and some change in the size of the liver. We must, therefore, exclude cirrhosis in explaining the intestinal hemorrhage.

A short time ago Dr. Wm. L. Taylor, of this city, asked me to see a patient with him, but before I could get there the man was dead. Three years ago I saw the same man with Dr. Taylor several times. He then bled from the bowel worse than any man I ever saw. He was a stout young man of about 28 years of age, and had been in good health, with the exception of spells of pain in the upper part of the abdomen, with a few dyspeptic symptoms. He drank entirely too much liquor. Suddenly he began to bleed, and passed incredible amounts of blood from the bowel. We were unable to check the bleeding, and thought the man would die from exhaustion. He did not die, but when he had gotten to the lowest possible point, the hemorrhage stopped, and after a protracted illness he apparently perfectly recovered his health. Some two years after that he called at my office and I carefully examined him, and there appeared to be no evidence of any disease. Two or three weeks ago, he was suddenly seized with symptoms of perforation of the bowel, followed by peritonitis and death within forty-eight hours. We were not allowed to make any examination, but neither Dr. Taylor nor myself have any doubt that there was an ulcer in the upper part of the small intestine, which had perforated the intestinal coat, leading to the production of peritonitis, and that this ulcer had been the source of the severe hemorrhage which occurred three years ago.

I am disposed to think that this man has an ulcer somewhere in the course of his intestine. These ulcers are not very rare. They are frequently seen in syphilitic subjects, but they occur without the existence of constitutional syphilis, the existence of marked scrofula, or tendency to tuberculosis. This man denies having had any venereal disease. This ulcer is, I think, high in the course of the intestine. I should put this man on the treatment suitable for such a condition, insisting on a milk diet, associated with long courses of nitrate of silver,

alternating with subnitrate of bismuth. This treatment should be kept up for a period of not less than six months, and this even if the patient appears to be restored to perfect health, since, if there be such a lesion, the risks of the ulceration slowly advancing until perforation suddenly occurs is so terrible that it is worth taking the trouble which I have indicated in order to avoid it. I should give milk alone for a short time, and then allow cereals, soft boiled eggs and oysters, but no solid food or harsh, coarse articles of any kind for six months.

I shall give nitrate of silver, alternating with subnitrate of bismuth. The only objection to this treatment is that it will increase the constipation. This he will overcome by chewing sufficient rhubarb root to have the bowels opened once in every two days. This may be assisted by an enema.

Intestinal hemorrhage is always an alarming and suggestive system. The conditions which lead to it are not numerous, and all are serious. Such cases should be treated continuously, and with great thoroughness. The great difficulty is that as soon as the hemorrhage is over, the patient will feel so well that he will abandon all regular treatment, and you must frighten him by telling the truth, and explaining the lesion which exists, and showing him why it is necessary to pursue this course of treatment. In order to effect a cure, it is not sufficient to simply check the bleeding. As long as such a lesion remains, the patient is in danger of further hemorrhage or further advance of the lesion, attended with fatal results.

THE USES OF THE OLEATES AND JEQUIRITY.

DELIVERED AT THE WESTMINSTER HOSPITAL, LONDON, FRIDAY, JULY 4, 1884.

BY JOHN V. SHOEMAKER, A.M., M.D.,

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From the Medical Press and Circular, July 16, 1884, with remarks by Dr. Wm. Murrell, Dr. DeHavilland Hall, Dean of Westminster Hospital Medical School, and Dr. Allchin, Physician to the Westminster Hospital.

DR. WM. MURRELL, lecturer on Materia Medica and Therapeutics, introduced the lecturer to the class as follows:—

GENTLEMEN: I have much pleasure in introducing my friend, Dr. John V. Shoemaker, of Philadelphia. I believe that his name is not unknown to you, and I am sure you are equally familiar with his writings. Dr. Shoemaker comes to us as a delegate of the great American Medical Association, and is now on his way to Belfast, where he has been especially invited to read a paper on the Oleates before the new Section of Materia Medica, Pharmacology and Therapeutics of the British Medical Association. This is Dr. Shoemaker's first visit to this country, but I hope it will not be his last. We are always glad to welcome with open arms distinguished visitors from the other side of the Atlantic. Dr. Shoemaker has been with us only a few days, and it must be a subject of sincere congratulation to us that the very first place he visited was the Westminster Hospital. Ours is an old institution, and we are proud of it, and proud of its associations and surroundings. We are within a stone's throw of the great Houses of Parliament, and here, in the broad sanctuary, we are within the shadow of England's most sacred building, Westminster Abbey. But, gentlemen, I must not detain you, for I see you are anxious and impatient to hear our distinguished visitor discourse on those subjects with which he is so familiar. I will keep you no longer. Dr. Shoemaker, it is with feelings of most sincere pleasure that I introduce you to the students and staff of the Westminster Hospital.

Dr. Shoemaker then proceeded to deliver his lecture as follows:—

GENTLEMEN: I fear I shall not be able, after the flattering expressions bestowed upon me by your eminent teacher, to meet your expectations. I came to this great medical centre for the purpose of seeing your world-renowned hospitals; also to meet those distinguished members of our common profession who are so well known on the other side of the Atlantic. I highly appreciate the opportunity of examining your excellent hospitals, especially Westminster, the first which I have visited, and of meeting you gentlemen in the lecture room. I shall first direct your attention to the oleates. [Their early and empirical use was then referred to in detail, followed by their more scientific description by Chevreul, Attfield and Marshall.]

True, chemical oleates were not properly made until I called the attention of the profession to their method of manufacture in a paper read before the Medical Society of the State of Pennsylvania in 1879. The oleic solutions made prior to that time were usually prepared

with the "red oil" of the candle-makers, containing a large quantity of oxyoleic acid, which had decidedly an irritant action on the surface of the integument. These oleic solutions were objectionable, not only on account of the presence of this particular form of oleic acid, but also from the fact that they were neither stable nor uniform in composition, and that their use was, therefore, frequently attended with unsatisfactory results. The chemical oleates, which are true salts, on the other hand, such as I exhibit to you on this occasion, are both stable, definite in their chemical composition, and their employment is generally followed with satisfactory effect. They are obtained by the double decomposition of a solution of sodium oleate with solutions of neutral salts, the sodium oleate being prepared by the saponification of oleic acid with a solution of sodium-hydrate. A solution of the sodium oleate in eight parts of water is precipitated by a neutral salt, and the precipitate washed and dried is the oleate required. Such, in a few words, is the chemical method of manufacturing these oleates, which have been made after this manner for several years for me by Dr. Lawrence Wolff, the chemist, of Philadelphia.

Before referring to the physiological action of the various oleates I wish to insist upon the fact that the proper substance to combine these salts with is lard. I believe that animal fats have more affinity for animal tissues than the petroleum products which have of late been so extensively employed as bases for ointments of all denominations. By a series of experiments carried on during several years, using the oleates combined with the petroleum products in one set of cases, and using lard as a basis in another group, I have had conclusive evidence that the effect of the latter was decidedly better than the former. In using veratria, combined first with a petroleum substance such as vaseline, and secondly with lard, it will be found that the local impression from the latter is far more decided than from the former, and I am not the only observer who has been led to the same conclusion. Herman Hager, in his celebrated work on Pharmaceutical Practice, strongly condemns the use of petroleum products as a basis for the various ointments, as they are not only objectionable from their poor affinity for the animal tissues, but they invariably contain ingredients of an irritating nature.

I wish, before considering the individual oleates, to refer to some recent physiological investigations which I have made, showing the action of these salts. After repeated experiments with the various alkaloidal oleates, which, by the way, very frequently are not chemical oleates at all, but only oleic solutions, I have failed both in their use on the lower animals and, clinically, to produce any systemic effect. I have been led to believe that while these preparations have a local action, the constitutional effect is entirely wanting, or so slight as not to be apparent. The so-called oleate of quinine, which has been lauded by various practitioners as having an effect upon intermittent fever, when used locally, has, in my hands, made no impression, and could not be detected in the secretions or excretions by the most careful physiological and chemical research, in any instance, although large quantities had been used. The results of my experiments, from a physiological point of view, have led me to the conclusion that these alkaloidal oleates act upon the epidermis, and the glands of the skin, and their systemic effect is not marked.

The lecturer then passed to the consideration of the therapeutic use of the various oleates, which we briefly summarize. The aluminum oleate, combined with an equal proportion of lard, or some fatty substance, represents the ointment of aluminum oleate; it may be used with advantage in muco-purulent discharges, as for example, in intertrigo occurring round the breasts and in the inguinal region.

Arsenical oleate, a pearly, unctuous substance, is of service in rosacea acne, sycosis, etc. It has an emollient, and slightly astringent effect, and is a most valuable remedy for soothing and relieving cutaneous irritation.

Cadmium oleate, a yellowish white mass, has a very decided astringent action, almost escharotic, of the strength of from 5 to 15 grs. to the ounce. This is of great service in glandular enlargements and thickened conditions of the integuments.

Copper oleate is a beautiful green substance, and in the proportion of from 10 to 60 grs. to the ounce, forms an elegant preparation, which is especially effective in ringworm, favus, and tinea versicolor. The copper oleate itself, melted and spread upon muslin or leather, is a remedy which is particularly valuable in thickened conditions of the epidermis, as in corns, bunions, and warts.

Iron oleate is a dark brown reddish plaster-like substance, of a distinct ferruginous odor. It is readily soluble in fats, and used in the form of an ointment, is a valuable styptic and astringent. It is useful in eczema, sycosis, furuncles, seborrhœa, and in scrofulous ulcers. It is especially serviceable in pustules, and angry ulcers resulting from arsenical poisoning.

Lead oleate, the oldest known oleate, antedating even the knowledge of oleic acid and its compounds, is of a yellowish white color of plaster consistence. Lead oleate melted with equal parts of lard or lard oil, or a mixture of the two, according to the season to present it in ointment form, gives a cream-colored semi-solid ointment of the consistence of simple cerate. It allays very effectually the intense irritation which is often present in papular eczema; it is equally beneficial in acne and rosacea.

The ointment of mecuric oleate is a yellowish combination of the chemical oleate, with an unequal diluent, having a fatty smell, and being of an unctuous consistence. It has a stimulating, resolvent, and an alterative impression used on the integument, especially on tumors, glandular enlargements, indurations, and thickening of the skin.

The ointment of mercurous oleate is not generally known or used, and was recently brought out for the first time by the lecturer. It is about half as strong in mercury as the ointment of mecuric oleate. It has marked stimulating action, bordering on congestion of the integument, and has a decided resolvent and alterative effect. It is, therefore, applicable to the same class of affections in which the ointment of mercuric oleate is used, particularly if it is desirable to make a more marked impression upon the parts. In the inunction treatment of syphilis this oleate is far superior to the ordinary blue ointment or the form that has just been considered.

Nickel oleate is a greenish, waxy material, and mixed with lard in from 3 to 15 grains to the ounce, which Dr. Shoemaker had employed in hard, horny, and granular surfaces. It has a marked astringent action, very much resembling that of cadmium oleate.

Silver oleate, a brownish pulverulent substance, is a valuable application over ulcers, especially bedsores, and mixed with lard in the proportion of from 2 to 30 grains to the ounce, forms an ointment which can be employed with utility in erysipelas, boils and carbuncles. Tin oleate, a dark brown mass mixed in from 10 to 40 grains to the ounce of lard, forms an ointment which is to be made use of in diseased conditions of the finger-nails, especially where there is a lack of nutrition, in which condition it gives the nails a most brilliant lustre.

Zinc oleate, a pearly white powder, is one of the most important of all the oleates to be considered. It has a peculiar soapy feel, clings to the parts to which it is applied, and has an astringent action on the integument. It is a most useful and valuable application, whether used alone as a powder or combined with an emollient powder in acute eczema, hyperidrosis and bromidrosis. Dr. Murrell has made extensive use of this preparation, and has reported most excellent results from it. It is valuable also as a toilet powder for ladies, especially in seborrhœa oleosa.

From the oleates Dr. Shoemaker passed on to make a few remarks on the jequirity bean, and spoke of its value in ulcerated conditions of the integument, such as lupus, epithelioma, and in the old chronic ulcers found on the lower extremities. The preparation which Dr. Shoemaker recommended is known as the infusion, and to obtain it, the hull is removed and the bean placed in a mortar, covered with water, and allowed to stand for several hours, and then rubbed up with the pestle into a pasty mass, and finally spread upon the diseased integument; the most violent inflammation usually followed its application. A cuirass-like crust is formed in the course of from 24 to 48 hours, which either separates of itself or could be removed with water dressings, and the old granular tissue beneath was usually found to be destroyed; if not, a further application would prove sufficient. The lecturer said he had been using this preparation at the Philadelphia Hospital for Skin Diseases and in private practice for the past year, and with markedly good results, and had recently exhibited before the Medical Society of Pennsylvania several cases of lupus and epithelioma in which the surfaces were entirely healed from the application of this infusion of jequirity.

In the majority of cases the application of this saturated infusion of jequirity is not attended with any unpleasant results. The lecturer reported, however, one case in his own experience where the local use of this drug on an ulcerated surface, was attended with marked

constitutional disturbance, which subsided in nearly four hours without any untoward effect. In another case of skin cancer, occurring in the hands of his friend, Dr. Gihon, of the U. S. N., the use of the jequirity infusion, at his suggestion, was followed by the most violent systemic action, which quickly disappeared, without any ill effect after discontinuing its use.

After the lecture the Dean, Dr. Hall, addressed the class:—

GENTLEMEN: I am, I know, simply expressing your feelings when I tender my most cordial thanks to Dr. Shoemaker for his kindness in lecturing here to-day. The attention which you have paid to his remarks is a more eloquent testimony than any words of mine could be to your appreciation of the exceedingly able address which you have just heard from him on a subject comparatively new to us, but which has a very useful and practical bearing. To me the lecture has been very instructive, and there was one point particularly which attracted my attention, and that was the desirability of returning to the use of lard as a basis for our various ointments, in preference to the petroleum products, which have of late come so much into use for that purpose. Observations of my own tend to corroborate what Dr. Shoemaker has said on this subject, and it is a point to be borne in mind in future.

In conclusion, on the part of the staff and students of this hospital, I beg to thank Dr. Shoemaker for his courtesy in complying with Dr. Murrell's invitation to lecture here to-day, and it is a source of great pleasure to us that the Doctor has chosen the Westminster Hospital as is the first place to be visited.

This was followed by the remarks of Dr. Allchin, as follows:—

"I avail myself with pleasure of the present opportunity to welcome a confrére from the other side of the Atlantic on the occasion of his visit here—a visit, too, at which, as a member of the staff of this hospital, I feel flattered, since it is Dr. Shoemaker's first appearance before the public since his arrival in this country. I may say, I have much at heart to make this welcome a hearty one. I think nothing does more to strengthen the bonds of relationship which, say what you will, unite us to our cousins of the States, than the interchange of these, so to speak, international courtesies. I have still a lively recollection of the kindness with which I have been received on the occasion of my visits to the States by Dr. Shoemaker and his colleagues.

"I was struck the other day by a remark I saw in a medical journal of New York, as to the appropriateness of the situation of Sir Robert Peel's statue, midway between the Houses of Parliament and Westminster Hospital. I had no idea that the hospital to which I have the honor to belong was so well known, but this remark, coupled with the fact that Dr. Shoemaker has thought it worthy of his first visit, has modified this belief, and makes me proud of the institution.

"I have listened with great interest to Dr. Shoemaker's lecture, and have no doubt that many of these preparations will at no far date come into extensive use. They are elegant as well as useful preparations, and this is a desideratum.

"I cannot but thank Dr. Shoemaker on behalf of my colleagues and myself, for his kindness in lecturing to us to-day."

The remarks of the different speakers were frequently interrupted by applause. Dr. Shoemaker's lecture was listened to with the utmost attention, and at its conclusion he was heartily congratulated.

ORIGINAL COMMUNICATIONS.

EXPERIENCE WITH ASIATIC CHOLERA.

BY M. A. SCHULTZ, M.D.

THIS pestilential disease, a native of the East Indies, as old as the human race in India, has a more extensive bibliography than any other disease known. Its nativity and origin among the filthiest people of the world, as also its portability, are well-established facts. From authentic accounts, this disease existed in India and neighboring countries for centuries, and was never known anywhere else, until 1817, after routes of communication were opened with other countries.

There seems to be no doubt that the contagion or infection exists in the dejecta, and from the effluvium of the dead bodies. The late Dr. Henry Schultz, of Cincinnati, Ohio, had great experience and success during the epidemics of '32 and '49. He was well satisfied that the most virulent form of the poison existed after death. He particularly noticed that if the first

case in a house was saved, the balance of the inmates escaped, while if one death occurred several others in the same house or neighborhood were attacked in quick succession, and the disease became more unmanageable. Another marked feature was the sudden spreading and increased fatality after the washing of bedding and clothing of those who had died, more especially when such articles had been left several days. I knew one woman in Cincinnati who died in ten hours after renovating a mattress upon which her servant had died. Another instance that I particularly remember, was where, for weeks, there had been an occasional (though not fatal) case of cholera in a large boarding house, when two of the boarders, residents of Columbus, Ohio, were attacked and died within a few hours of each other. The remains were sent to Columbus for interment. The landlady's daughter washed and packed their clothing, and died on the following day. During the next week eighteen deaths occurred in that house, and the disease raged fearfully throughout the neighborhood. After the remains and baggage of the two men reached Columbus, cholera broke out and spread desolation through the vicinity of their homes, while previously there had not been a case!

In my own personal experience something very remarkable occurred. For two months I had spent most of my time with the sick and dying, frequently preparing the dead for burial, without experiencing the slightest indisposition. I was suddenly seized with a profuse hemorrhage from the bowels, which lasted about three hours, unattended with pain or any unpleasant symptom, except a sinking sensation in the stomach. I was extremely prostrated, and kept my bed ten days. I was treated with cholera remedies. This occurred immediately after I had assisted in removing bed-clothing upon which a poor German had died.

In '49, '50, '51 and '52, I saw over three hundred cases. There were several successive days in '49 that I saw from ten to fifteen each day.

No positive reliance can be placed on anatomical changes except the appearance of one immediately after death. The distorted, cyanosed features, sunken, half-closed eyes, and clenched hands is an appalling sight, which once seen can never be forgotten.

Niemeyer says that "bodies *remain* warm for a long time." They do *remain* warm after they *become* warm, which is several hours after death! In all the deaths I have seen from cholera I never saw one that had the slightest warmth (except over a small space in the region of the heart) at the time, or for hours before death.

Post-mortem examinations have proven that the gall-bladder is full of bile, urinary bladder empty, and lungs pale. Dr. Henry Hartshorne says: "The brain, spleen, kidneys, and right cavities of the heart are gorged with blood, the left side of the heart empty, and firmly contracted. The blood has an acid reaction, and the mucous surfaces are alkaline."

Through the kindness of Prof. J. Gibbons Hunt I have seen, microscopically, a section of the small intestine of a cholera subject, in comparison with a normal specimen. It had the appearance of the villi having sloughed away.

The symptoms of cholera are sudden, profuse, slightly-colored, watery evacuations from the bowels, devoid of bile; vomiting without nausea; a sinking sensation in the epigastrium, cramps, intense thirst, suppression of urine, skin cold, damp, shrivelled, of a bluish-gray color; patient insists that he is burning up, while the body is icy cold and bathed in clammy perspiration; pulse varies in different cases, sometimes slow and weak, at other times quick and weak. Countenance distressed; voice husky, weak and unnatural, and the breath icy cold; patient retains perfect consciousness, though absolutely unconcerned as regards the approach of death. I have known persons after two hours' sickness to become so changed that they were scarcely recognizable. With such seemingly characteristic symptoms one would suppose that no mistakes would ever be made in diagnosticating cholera, and yet cases of arsenical poisoning have been pronounced cholera, not only during the illness of the patient, but in post-mortem examinations, and the mistakes not discovered until chemical analysis revealed the facts. Seven persons died in Cincinnati in 1849 from arsenic given in small doses by the nurse, Nancy Farrar, before there was any suspicion of poison. Dr. Schultz noticed that in no other cases in his practice where the symptoms were not violent did his remedies fail, except in the cases where said nurse rendered service. He called the attention of the family to this fact, and requested counsel. After mention of the word "poison" the nurse was seen to empty her pocket. Dr. Schultz at once felt satisfied that she had been

administering poison, and went quietly and brought a police officer. As the Doctor approached the house he picked up a scrap of paper which proved to be a druggist's label for arsenic. The nurse was arrested, the bodies exhumed and examined, and arsenic found in them sufficient to kill a hundred people. She was tried and found guilty of murder in the first degree, but a plea of insanity prevailed, and she was sent to an insane asylum. There was proof at the trial that she had purchased arsenic from several different druggists enough to kill a multitude. This case gave rise to the legislation in Ohio regulating the sale of poisonous drugs.

Arsenical poison can only be differentiated from cholera by the metallic taste, sense of constriction in the throat, and burning pain in the œsophagus and stomach.

Where all the symptoms are severe the prognosis in cholera is extremely unfavorable; the disease runs its course so rapidly that there is no time for remedies to act. If medical aid is not procured until the pulse is imperceptible at the wrist, there is little hope of arresting the disease. The Materia Medica has been well-nigh exhausted in the treatment of cholera—bleeding, calomel, saline, and eliminatives have failed. I have witnessed all the methods named, together with the infinitessimal globules of the homœopathist, the parboiling and lobelia treatment of the Thompsonians, and the cold-water packs of the hydropathist, and never saw any success in a case of genuine cholera, except with *opium*.

I will give the most successful method of treatment: Powders of calomel, camphor, and opium are administered every hour to arrest the evacuations from the bowels (8 grains of camphor, and 1 grain each of calomel and opium); patient kept in a horizontal position surrounded with bottles of hot water; cataplasms of mustard and cayenne pepper applied to the stomach, ankles, wrists and spine; brisk and incessant friction with dry mustard and cayenne; strong coffee, without milk or sugar, to arrest the vomiting; pellets of ice to be held in the mouth to allay the thirst, and brandy diluted one-half given in teaspoonful doses to keep up the strength; if the vomiting interferes with the retention of the medicine, injections of laudanum, acetate of lead, and starch water must be given in place of medicine by the mouth. As soon as there is any diminution of the evacuations from the bowels, the powders or injections must be given at lengthened intervals. When two or three hours have elapsed without an action from the bowels, strong beef tea must be alternated with the coffee and brandy every few minutes. The first evidence that the crisis is passed is the black stool, after which all medicine must be prohibited, the friction and sustaining treatment alone kept up. Constipation is the invariable result, but the administration of cathartics must be positively forbidden. If several days should elapse without a motion, a simple enema of sweet oil or glycerine may be resorted to. In cases where there were premonitory symptoms, chalk and opium are best given, or if there is suppression of urine nitrate of potassium and opium (7 grains of nitrate of potassium to 1 of opium), to be administered p. r. n.

Prophylactic measures are of as much importance as therapeutical remedies, particularly when the rapid progress of the disease is taken into consideration.

All diarrhœal affections should receive early and prompt attention, and cleanliness and disinfection should be religiously practised. Much good might be accomplished by instructing the laity on the subject of disinfectants, the timely use of which would mitigate to a great extent the ravages of a cholera epidemic.

There are no substitutes for fresh air and pure water. Strict observance of sanitary laws would to a great extent prevent spread of the pestilence. One fact that should always be borne in mind is, that the infective property of some diseases is capable of rapid increase only in damp, filthy places; therefore the cleansing and disinfection of all such places should at all times be rigidly enforced, and thus prevent outbreaks of pestilential disease. Sulphate of iron is undoubtedly the best disinfectant for this purpose, and being inexpensive there is no excuse for not using it freely. If there are doubts concerning the purity of drinking water, it should be disinfected by boiling. Sulphuric acid lemonade is the remedy as a prophylactic for internal administration. Bedding and clothing should be burned. Excretions should be received into vessels provided with disinfecting material, and should be buried deep in the earth, not thrown into vaults or streams of water. Patients should be isolated, and only those required should be permitted to enter the room.

SPIDER BITE, WITH SEVERE SYMPTOMS.

BY H. H. TOMPKINS, M.D.

ON May 13, 1884, I was called about 6 A. M. to see Mrs. W. B., the mother of six children, all of whom are living, the youngest being two months old. The mother's general health was good. The evening before, about 3 o'clock, while in the garden, she was bitten on the left ankle, just below the exterior malleolus, by a large black spider, about the size of a humble-bee. After it had bitten her she killed it, and with the exception of some smarting and occasional shooting pains up the leg, she did not notice it; nor did it prove distressing until about six o'clock, when she quit work in the garden, and went to the house to prepare supper, when the limb became painful and considerably swollen. Her mind wandered, her talk was incoherent, her face was flushed, she was excessively restless, and could hardly be kept in bed. The pupils were markedly dilated; there was great loss of muscular strength; the appetite was lost, and anything swallowed was at once vomited. There were violent cramps in the calves of the legs, extending up to the body; she suffered from severe chills which were repressed by ether. She spent a very bad night, in great pain, and failed to get any sleep. Respiration was slow, and accompanied with sighing; the skin was cold and clammy; pulse 45 to 50, and very feeble; pains were complained of in the lower part of the body. Her baby was placed to breast and sucked but little, on account of her restlessness; it could not retain the nipple in its mouth. A short time after this the child was taken with violent vomiting, and rejected all the milk and curd from its stomach. I ordered the child to suckle another lady who lived near, and who could stand the additional demand of another child for awhile. This was done, and there was no return of vomiting. The mother saw objects before her eyes, could not recognize friends, and saw double at times. The treatment internally consisted of whiskey, quinia, aq. ammonii, and nucis vomica. Locally, olive oil and liq. ammonii. Sulph. magnesia was given to move the bowels, which were constipated. Warmth was applied by means of bottles filled with warm water and covered with flannel. In a few days the patient was up and about, but weak. A place as large as a silver dollar sloughed on the leg where she had been bitten. This yielded in a couple of weeks to local treatment, when the patient was discharged well.

CHARLESTON, W. VA.

A NEW BANDAGE

SUGGESTED FOR THE TREATMENT OF CHRONIC ULCERS.

BY CLARENCE W. HEFFENGER, M.D.

IN writing this article, I intend it merely as suggestive, and as such wish it to be taken for what it may be worth. The reason of this is my lack of that most essential thing of all new methods of remedying disease, namely, clinical experience.

My firm conviction of the efficacy of this bandage for the purpose for which it is intended has caused me to arrange a mode of dressing to be used in connection with its application.

The bandage is an ordinary rubber one, perforated in its entire length, the size and relative proximity of the perforations being determined by the needs of the case, or the fancy of the surgeon. This perforated bandage can be manufactured by the surgeon himself in a short while, by taking, for instance, the rubber bandage of Mr. Martin, or any other of good make, and with a saddler's punch making the requisite number of perforations; and can still be more easily and better accomplished by employing the plaster perforator described by Prof. J. P. Remington in the American Journal of Pharmacy, p. 171, 1878, consisting of a wheel attached to a handle, said wheel containing sixteen punches, which can be rolled over the bandage with the desired effect. In the treatment of chronic ulcers elastic pressure is recognized as one of the best methods we possess for dealing with this class of troublesome and unsatisfactory cases. Now the special advantages I claim for this dressing are cleanliness, and continuous pressure, combined with perfect drainage (this latter the great desideratum in the treatment of suppurating surfaces). For example, suppose we have before us an old, indolent ulcer of the leg, of large extent, worm-eaten appearing surface, and secreting an offensive discharge. Such an ulcer I would dress in this wise: First, the free use of a deodorizing wash, say a solution of permanganate of potassium in tepid water; then, after drying, I would apply my perforated rub-

ber bandage, from below upward, evenly and with moderate and equalized pressure. Secondly, cover this completely with sufficient absorbent cotton to take up all discharge until the next dressing. Thirdly, apply over the cotton an ordinary cotton bandage, with enough firmness to hold it in place. In this dressing the good effects of elastic pressure are obtained, whilst this pressure produces free drainage through the perforations, where the discharge is at once absorbed by the cotton. The dressing can be changed daily, when the bandage may be washed with soap and water, and then reapplied as before; or the surgeon, if he be a disciple of Lister, may apply the whole with antiseptic precaution.

This is the "sum and substance" of my mode of treating chronic ulcers by elastic pressure, and if any of the readers of this article should think it worth their while to give this method a clinical trial, I will be pleased to hear from them as to the result.

HAGERSTOWN, Md.

INTUSUSSCEPTION OF BOWELS, AND SLOUGHING.

BY JAMES H. CONWAY, M.D.

I WAS called on June 28th, 1884, to see a man suffering with colic. When I reached there I found a man 48 years of age suffering with a great deal of pain in the right lumbar region. I made the diagnosis colic; gave him an injection of morph. sulph., ¼ gr., every four hours, and ordered a flaxseed poultice to be kept on him all the time. The same evening I gave him an enema, and he had quite a copious discharge. The next morning I found him complaining of the same pain and vomiting, which gave him more pain. Nothing now would remain on his stomach. In the afternoon he was troubled with syncope and vomiting together. The character of the vomit was that of coffee-grounds. I now made the diagnosis of intussusception or stoppage, or twisted bowel. The pain, meantime, had kept up, unless when the morphine was exhibited. Prognosis very unfavorable. I asked for a consultation, and had Drs. Harlow and Kelly, and both agreed with the diagnosis. At no time did the pulse reach over 120.

I did not change the treatment, but as I found it some trouble to go every four hours, I gave him ½ gr. morph. sulph. suppositories every four hours. July 1st, when I went to see him he was quite cheerful, and thought if he had something to move his bowels he would be all right; I told him to wait until the next day, but after he began to use the suppositories his vomiting ceased. He was sure that if I gave him something to move his bowels he would get well. I told him the danger, but he said he was willing to try, so I ordered him—

℞. Hyd. chlor. mit.
Pulv. opii, āā gr. iv.
Pulv. ipecac. viij.
M. Pil. No. iv. div. S. One every four hours.

When he had taken three his bowels moved quite freely, and he said he felt better, but complained of pain or soreness in the same spot. I kept the poultice on, and gave him liquid food—beef tea, broth, ale, milk and whiskey. The next day he complained of diarrhœa so much that I gave him mist. creta and tincture opii camph., and found him on my next visit quite cheerful.

He continued to grow better every day for ten days. All the time he complained of the spot where he first felt the pain. He said it felt as if something was eating him by bits. In the afternoon of the same day I was called to see him, as he was sure his bowels were coming out. Sure enough, when I reached him I found a piece of his intestine hanging out of the rectum. I passed my finger into his rectum, and found that the piece was loose; so I removed it, and it measured 5½ inches long.

The interesting feature of this case is the sloughing of the included layers of the bowel, which Bristowe, in his "Theory and Practice of Medicine," speaks of as by far the most interesting and important event in this affection, and speaks of it as occurring almost exclusively in those cases where the small intestine is alone engaged, and in which strangulation is most complete. He states that at first it is deeply congested, soon becomes gangrenous, and then after awhile, becoming detached either bit by bit or in mass, gradually works its way downward and is expelled. The discharge of the invaginated bowel usually occurs between the twentieth or thirtieth day, but it may take place as early as the sixth and seventh day, or may be delayed for a year or two. The results of separation seem to be favorable in about half the total number of cases. In the remainder death not uncommonly results from the supervention of the stricture. (Op. cit.)

In the case cited the issue seems to be so fa-

vorable that since the sloughing he has not complained of any pain, but is out of doors walking around, and says he never felt better. I still keep him on his liquid diet. He will go to work Monday, July 21st.

WOBURN, MASS.

THERAPEUTIC NOTES.

Formulæ used in ophthalmic practice at the German Eye and Ear Infirmary of Philadelphia, by M. Landesberg, M.D.:—

Catarrhal conjunctivitis, in which inflammatory symptoms are slight, with but little secretion:—

℞. Acidi tannici, . . . gr. ij
Aquæ opii, . . . ʒiij
M. S. Two drops into each eye morning and evening.

Same with more pronounced symptoms of inflammation:—

℞. Zinci sulphatis, . . gr. j
Tinct. opii crocat., . . . gtt vj
Aquæ destillat., . . ʒiij
M. S. Apply as the above.

Against the neuralgic pains and photophobia:—

℞. Hydrarg. præcipit. albi, gr. x
Extract. belladonnæ, . gr. v
Unguenti emollient, . ʒiij
M. S. Use a small quantity as large as a pea and rub into temple and forehead thrice daily.

In cases with highly pronounced swelling of the mucous membranes:—

℞. Plumbi acetatis, . . gr. j
Aquæ destillatæ, . . ʒiij
M. S. A few drops between eyelids thrice daily.
Or:—
℞. Plumbi acetatis, . . gr. j
Petrolati, ... ʒij
M. S. To be brushed between the eyelids twice daily.
Also:—
℞. Lapidis divini, . . gr. ij
Aquæ destillat., . . ʒiij
Liquor. plumbi subacetat, gtt. iij
M. S. Three drops between the eyelids twice or three times daily.

Purulent conjunctivitis:—

℞. Hydrarg. bichloridi corros., gr. 1-6
Aquæ destillat., . . . ʒiv
Mucil. semin. cydonii, . . ʒij
Tinct. opii crocat, . . gtt. vj
M. S. Apply for ten minutes to the closed eyelids four times a day.
Or:—
℞. Argenti nitratis, . . gr. v
Aquæ destillat. . . ʒv
M. S. As the above.

Phlyctenular conjunctivitis, in cases with marked inflammation:—

℞. Extracti opii,
Extracti belladonnæ, āā gr. v
Aquæ destillat., ʒiij
M. S. Apply to the closed eyelids for ten to fifteen minutes three times daily.

After the inflammatory symptoms have subsided:—

℞. Hydrargyri chloridi mit., ʒij
S. To dust into the eye from a camel's-hair brush.
Or:—
℞. Sodii biboratis, . . . gr. ij
Aquæ destillat. . . ʒiij
M. S. Three drops into each eye twice or three times daily.
Or:—
℞. Aluminis pulv., . . gr. ij
Aquæ destillat., . . ʒiij
M. S. As the above.
Or:—
℞. Tinct. opii crocat., . . fj
Aquæ destillat., . . . ʒiij
M. S. As the former.

Affections of the cornea—Phlyctenular keratitis in cases with marked symptoms of inflammation:—

℞. Ext. opii,
Ext. belladonna, āā gr. v
Aquæ destillat, . . ʒiij
M. S. Apply to the closed eyelids for ten to fifteen minutes three times daily.

After subsidence of the inflammation:—

℞. Hydrarg. chloridi mit. . ʒij.
S. Dust into the eyes with camel's-hair brush once daily.

Ulcers of the cornea:—

℞. Atropinæ sulphatis, . . gr. j
Aquæ destillat., . . ʒiij
M. S. One drop into the eye every two hours.
Or:—
℞. Eserinæ, ... gr. j
Aquæ destillat., . . ʒiij
M. S. One drop into the eye four times daily.

Opacities of the cornea:—

℞. Olei morrhuæ, ʒij
S. Rub into the eye twice daily.
Or:—
℞. Iodoformi oleici, . . ʒj
Petrolati, ... ʒij
S. As the above.

Old and tried formulæ from our formulary:—

PILE OINTMENT.

℞. Pulv. opii,
Pulv. gallæ,
Plumbi acetat, . . āā ℈j
Cerati simp.,
Ungt. picis liquid., . āā ℥ss

M. S. Apply night and morning after bathing the parts with cold water.

COMPOUND INFUSION OF RHUBARB AND GENTIAN FOR DYSPEPSIA.

℞. Rhei cont., . . . ℥ijss
Gentianæ cont., . . ℥ij
Cardamom. cont., . ℥ij
Aquæ, ... ℥vj
Spirit. vini gallici, . . f℥ij

Macerate for 48 hours, strain or express or displace; then add potass. carb. ℥j. S. A tablespoonful with water three times daily, half hour before meals. (A drachm of tinc. nuc vomicæ is an excellent addition to this mixture.)

TINCT. KINO COMP. (an excellent Diarrhœa mixture).

℞. Kino, ... ℥iv
Opium, ... ℥iv
Cochineal, . . . ℥iv
Camphor, . . . ℥iij
Cloves, ... ℥iij
Aromatic spirits of ammonia, f℥iv
Alcohol dilute, . . Oiv

M. S. A teaspoonful every 3 to 4 hours.

MEIGS'S ANÆSTHETIC OR CHOLERA PILLS.

℞. Morph. sulph., . . gr. vij
Camphoræ, . . gr. xx
Ol. cajuputi, . . gtt. x
Pulv. tragacanth., . . gr. v
Extract. gentian., . . gr. xv
Syr. acaciæ . . q. s

M. et in pil, No. C. divide. S. One two or three as a dose every 10, 15 or 30 minutes until relieved. (These pills have proven of great value during a former epidemic of cholera in this city.)

TINCTURA TONICA (Pancoast).

℞. Cinchon. cal. cort., . . ℥j
Cort. aurant. . . . ℥ss
Flor. chamomilæ, . . ℥j
Absinth., ... ℥ij
Cardamomi, ... ℥ij
Spirit. vini gallici, . . oj

M. l. a. Dose a teaspoonful to a tablespoonful t. i. d.

TINCT. DIGITALIS COMP. (Pancoast).

℞. T. digitalis,
T. Scillæ,
Spirit. æther. nitros., . āā ℥ij
Aquæ camphoræ, . ℥i

M. S. A teaspoonful as a dose.

RUSSIAN CHOLERA DROPS (Hartmann).

℞. Piperini,
Morphinæ. acet. . āā gr. xij
Acid. acetic., . . . gtt x
Ext. nuc. vomic., . . ℥ss
Spirit. vini,
Tinct. myrrhæ,
Tr. moschi, . . . āā ℥j

M. S. 10 to 20 drops every 13 minutes in hot tea or coffee.

SCUDAMORE'S GOUT MIXTURE.

℞. Magnesii sulph., . . ℥ss
Magnesiæ ustæ, . . ℥iss
Syr. simpl., . . . ℥j
Aquæ menth. virid., . . ℥v
Vini colchici, . . . m. xl

S. A tablespoonful every 3 or 4 hours.

ACUTE INFLAMMATORY RHEUMATISM.—The following formulæ are from the Keystone Medical Journal:—

℞. Fluid ext. manaca, . . ℥j
Salicylate of sodium, . . ℥iij
Tinct. digitalis, . . . ℥j
Aquæ font., ... ℥ijss

M. S. Teaspoonful in wine glass of water every four hours.

Also:—

℞. Quinniæ sulph., . . grs. xxx
Sodii bicarb., . . . ℥j
Podophyllin. . . . gr. j

Trit. and mix thoroughly and make twelve powders. S. One every four hours alternated with above.

CHLORAL IN CHOREA.—Dr. Mosler relates a case of very severe general chorea in a girl eighteen years old, in which a speedy cure was obtained by chloral. After morphine and arsenic had been given for two weeks without effect, chloral was exhibited in thirty-grain doses, at first four times, then twice, and finally once a day. On the very first day the patient slept soundly, and at the end of a week the choreic movements had ceased entirely. It is worthy of note that the onset of the chorea was preceded by a toothache, a circumstance which has been remarked by other observers.—*Norsk Magazin for Loegeviden., April, 1884.*

A SUGGESTION FOR CHLOROFORM AND ETHER ADMINISTRATION.—To overcome a repugnance to the odor of chloroform in certain patients, Prof. Nussbaum, of Munich, has a few drops of oil of cloves placed on the towel before giving the anæsthetic. The addition of one part to six of Cologne to ether makes it much more easy of administration in some cases.

The acetate of silver is a new form of silver recommended by Rosenthal for hypodermic use in tabes. He begins with a dose of 0.01 dissolved in 10 grammes of water, of which from five to sixty drops are injected.

Rheumatic and Gouty Cases.—Dr. Carr H. Roberts recommends, in the British Medical Journal, quinine and iodide of potassium for rheumatic and gouty cases. He states that the required quantity of quinine should be dissolved in a necessary quantity of dilute sulphuric acid, fill the bottle up with water, and then drop in the required quantity of iodide of potassium.

To Remove Tattoo Marks.—Wash the part thoroughly with dilute acetic acid; half an hour after which apply a solution of four grains of caustic potash in one ounce of water. After the lapse of another half hour use one drachm of dilute hydrochloric acid in one ounce of water. This should be repeated daily. Stronger solutions may be applied, if necessary, if they can be borne by the patient.—*Drug. News.*

Mechanical Treatment of Hæmatemesis.—The difficulty of controlling hemorrhage from the stomach or œsophagus by any of the ordinary means led Dr. Schilling to employ an apparatus by which direct compression might be made against the inner walls of the organ. It consists of a flexible stomach tube with a rubber bladder at one end and a stop-cock at the other. The bladder is introduced and very slowly and carefully inflated until it is made large enough to excite contractions in the stomach. In this way the hemorrhage is controlled. The air should be let out again very slowly, so that the clots may not be loosened. If the bladder have been oiled previous to its introduction, the danger of adhesion to it of the coagula will be lessened. If this procedure fail to arrest the hemorrhage, we may then conclude that its source is in the œsophagus (usually it is at the lower end of the tube), and recourse must then be had to the œsophageal tampon. The author relates one case of repeatedly recurring hæmatemesis, which by the use of this bladder for twelve minutes was permanently arrested. The inflatiou should be moderate, as the object is to excite contraction of the gastric walls, and not to distend the organ.—*Centralblatt für Chirurgie, May, 1884.*

Treatment of Tetanus.—Dr. Maragliano, apropos to a case of tetanus cured by isolation and large doses of chloral, draws the following conclusions in an article published in La Salute:—

1. The patient should be placed in a dark room, which should be noiselessly entered every fifteen minutes in order to give food or drink.

2. The ears should be so stopped that the patient shall have absolute rest, and the floor should be carpeted.

3. Every three or four hours the patient should take some bouillon, an egg, and some white wine.

4. All pain should be calmed by administering belladonna, conium, or chloral, the last being preferable.

The Mode of Action of the Bromides in Epilepsy.—In a number of experiments upon dogs poisoned with bromide of potassium, Dr. Rosenbach found that the irritability of the cortex to electrical stimulation was diminished or entirely destroyed, while that of the subjacent white substance remained unchanged. From this the author concluded that the therapeutical value of potassium bromide in epilepsy was owing to its power of lessening the irritability of the cortical substance of the brain.—*Norsk Magazin for Loegevidenskaben, April, 1884.*

Nitrite of Amyl in Migraine.—Dr. Bianchi has caused the instantaneous disappearance of this troublesome affection by making the patient inhale three drops of nitrite of amyl placed on a handkerchief. The subject was a woman who suffered from this neurosis at each menstrual epoch. It is well known that nitrite of amyl acts by paralyzing the muscular fibres of the small arteries, and that its action is specially exerted on the cerebral vessels, and that local congestion is the consequence of this congestion.—*Revue de Thérap., May, 1884.*

Dr. Frederic Joaquim Barbosa, A.B., one of the graduates of Harvard Medical School, passed a successful naval examination in New York last month. He received his commission June 27th, and was ordered to report on board of the New Hampshire July 12th.

In a bill recently introduced into the United States Senate one hundred thousand dollars is offered as a reward to be given to any person who shall discover the true germ of yellow fever, or any certain way of preventing or modifying the spread of the disease.

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PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, such as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. THE BULLETIN goes to press on the 20th of each month, and to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits will be impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, professional and business changes of physicians and pharmaceutists, will be published gratuitously, provided the announcement does not exceed five lines in type.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements are inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, when making purchases from our advertisers, that their attention was attracted by the handsome style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

F. A. DAVIS, Att'y., Publisher.
1217 Filbert Street, Philadelphia.

HEALTH RESORTS IN SUMMER.

MANY people leave town in summer, and for many reasons. Some do so for fashion's appearance; some do it for the sake of domestic peace; some do it to escape the heat; some in search of health. Many who go for simple recreation really need a change of scene for the repair of worn brain in these days of strain and enterprise in business. Last month we spoke of those who, unable to leave the city for a vacation, needed advice as to how to pass the hotter months; and we made a few suggestions in their interest. We now speak to those who, being able to go away—who have time and means, but who, from indifference or ignorance, do not know exactly where to go—are embarrassed by the multitudinous array of resorts. Three places usually command attention—the farmhouse, the seashore, the mountains. The first insures quiet, absence of ordinary home comforts, dubious cookery, and exasperating nocturnal accommodations in the way of beds, and impracticable ventilation. The farm is better adapted to the farmer than to the townsfolk.

The seashore draws immense crowds, but to the vast majority its advantages are overbalanced by its discomforts and its defects. Sea air and mosquitoes are not to be divorced from each other by mortal power; no plan of avoiding damp beds or procuring dry cigars by smokers has been successfully developed as yet; drainage is notoriously defective at every seaside resort, and in pulmonary complaints the sea air is not adapted to the necessities of such cases, although hotel-keepers and those pecuniarily interested are disposed to argue to the contrary. The mountains offer, on the whole, adjuncts not obtainable elsewhere. In selecting a mountain resort, it is essential that the merits of its air, water, and hygiene be carefully inspected. A defect in any one of these is condemnatory of its claims, no matter how creditable its remaining features may be. We select at this time Cresson as a type of health resorts which fulfil all requirements of the tourist, the invalid, and the seeker of rest and cool, enjoyable surroundings. Situated at the summit of the Allegheny Mountains, where crossed by that marvel of enterprise, skill, and ingenuity in overcoming almost insurmountable obstacles—the Pennsylvania Railroad—at an altitude of more than twenty-three hundred feet, and overlooking a series of entrancing valleys, and distant peaks of towering ranges, it possesses an atmosphere peculiar to itself, a most happy medium of neither too dry nor too moist, and not too hot nor too cold, stimulating from the ozone it characteristically possesses, yet free from exciting qualities, it is typically fitted for the invalid of most varied type. In no other sanitarium do we find water approaching in purity the crystal spring from which the resort is supplied. Careful and repeated analyses have proven this water to be free from more than a *trace* of foreign body, and the value of

this in renal, hepatic, and gastro-intestinal troubles, is obvious to all physicians who appreciate the necessity for flushing these organs and *washing out the débris*, which cannot be done with ordinary spring or well water. The water is simply delicious. Beside this, we find at near points in the grounds the iron, the magnesia, and the ferric-alum springs, all of great importance when indicated under medical advice. It is not as a summer resort that Cresson is an important point, though no better can be found to that end, but as a *health* resort. We refer the reader, for a detailed account of its advantages, to a paper in last July's BULLETIN, by Dr. Seiler, the resident physician, and we commend the enviable qualities of its natural and artificial advantages, its altitude, its freedom from flies, mosquitoes and similar impedimenta to those of the profession seeking a retreat for bronchial, gouty, rheumatic and similar diseases. In dipsomania, the pure spring water alone has effected many therapeutic triumphs; in the wide class of affections of the skin and mucous membranes the medicinal waters have acted in a degree highly satisfactory to cases known to the writer during three years past.

In another number other mountain resorts will receive consideration in their relation to invalids who require the peculiar advantages offered by such localities.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

NO association of medical gentlemen in the United States exceeds in culture, professionally or socially, the body concerning which we desire to offer a few suggestive remarks. The Philadelphia County Medical Society embraces within its fold some four hundred names, many of which are standards of power throughout the medical world. Take it all in all, the meetings are attended by a representation which is a credit to the city, and the five handsome volumes which have been issued under the guidance of a Publication Committee, which evidently thoroughly understands its work, are replete with readable and richly instructive material. The original papers are, many of them, of the greatest value, and the discussions thereon have called out a mass of knowledge covering the subjects treated which, but for these reports, would be lost to the profession at large. As now arranged, with a few exceptions, members only can obtain the published proceedings, all others being dependent on the few copies owned by hospital libraries, should they desire to consult them. We trust that the next edition of the Transactions will be in some manner made more accessible to the outside practitioner, either by its being placed on sale or by some other practicable method.

A second suggestion we make to the Society is, that means should be inaugurated to invite to membership the other three-fourths of the profession not as yet members. We believe that this city contains about a thousand or twelve hundred regular physicians, aside from homœopaths and other mountebanks. The majority of these gentlemen are eligible to membership, and would gladly avail themselves of the advantages of association with the Society if the way was open to them. Why do they not affiliate with the Society? Not, most certainly, because they don't wish to do so, but because they cannot afford the expense. As now arranged, attendance in the Society is a drag beyond the power of its busy members to accomplish. Three regular evening meetings each month, with an occasional extra meeting, and four times a year a long, tedious, weary, and noisy afternoon meeting, happening exactly at the time when office hours demand attention, are entirely beyond the reach of any man who has business to attend to, if he proposes to attend to it as he should.

The entrance fee should be abolished, and the annual dues reduced to not more than two dollars. The present expenses of the Society are unwarranted. The exorbitant rent paid ought to be and can be retrenched, by getting a better hall temporarily, and one as its own finally, and other expenditures could readily be greatly reduced. The foolish action revoking the plan by which the entire proceedings of the Society

were printed free of cost, should never have been permitted in the face of the protest of the gentlemen who so successfully edited the work, and who knew the labor and difficulties involved in it. The change is already known to be a great mistake.

The Society never was intended as an educational or a reformatory institution. As soon as possible the Constitution and By-laws should be remodeled and compressed.

Inducements should be offered such as would bring out the entire membership at every meeting. The steady attendance now consists of a few who are always on hand, be the bill of fare good, bad, or indifferent. Many members never attend, except to pay their dues once a year; others have never been seen in the hall; and a goodly percentage are coaxed in only at intervals, when some object is to be attained for which their votes are needed. This is not as ti should be. The Society is not a machine, to be worked in the interest of a few who have ends of their own in view, and the sooner all internecine strife is quieted the better. If some of the agitators who have for the last three years tried imperiously to force their schemes upon those who desire to live and work peacefully and harmoniously, as in the past, would establish a new organization, no one would blame them, and the probable failure of their effort to make oil and water mix would hurt none but themselves. Space will not permit just now any extended remarks, but we throw out these hints for digestion, believing that the Society is worthy of occupying a higher plane than heretofore it has done, and trusting that the day will come when every reputable practitioner in this great city will be a member of the Philadelphia County Medical Society.

Dr. John V. Shoemaker, Editor of The Medical Bulletin, who has been attending the British Medical Association, at Belfast, Ireland, and the International Medical Congress, at Copenhagen, Denmark, will sail for home on the 6th of September. By his letters we learn that he has had so far a very pleasant trip, being received everywhere with the utmost courtesy.

CROWNER'S QUEST LAW.

THE ancient office of the Coroner seems to maintain with us in Philadelphia its equally as ancient and proverbial prestige for quaint and odd decisions. Verily, we think ourselves transferred back into the good old days of Edward I., when that office was gifted with all sorts of authority to seize upon anything or anybody that the cause for accidental death could be attributed to. In the days alluded to, in all cases of death "per infortunium," the forfeiture of the "*deodands*" to the Crown was no inconsiderable duty of the Coroner; and how much must our own officials of this day regret that the old code of Edward I. has been superseded. At that time all such personal chattels, such as ships, wagons, horses, and cattle, which had been the cause of death of any reasonable creature, were sedulously pronounced "accursed things," and were forfeited to the Crown, to be applied to pious uses by the high almoner of the sovereign, or whoever he might appoint. More frequently, however, the right of *deodands* was granted by the Crown to the lords of manors, or other liberties, and was looked upon by them in some instances as a profitable source of revenue. The law made the following curious distinctions: That where an infant under the age of discretion was killed by a fall from a cart or a horse, not being in motion, no *deodand* was due, the infant probably not being a reasonable creature. When a moving carriage caused the death of a man, both horse and carriage were forfeited; but if the deceased fell from a wheel, when not in motion, the wheel only was a *deodand*. If a man in watering his horse was drowned, it being the fault of the animal, the horse was forfeited, but if the man were drowned by the violence of the stream, the horse would not be *deodand*. When a man fell from a ship in salt water, and was drowned, no *deodand* was due, but if he fell from a ship or boat in fresh water, the vessel, but not its cargo, was forfeited. And when a person was drowned in a well, the well was filled up.*

Evidently our Coroners have not risen above the law and usage just quoted. Responsibility

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* Lee's Handbook for Coroners.

must be fixed somewhere, and though *deodands* are not recognized any longer, some one, no matter how remotely connected with the commission of the act of death "per infortunium," ought, in their opinion, bear the brunt. As long as there is a conviction, or a commitment rather, it does not matter who is convicted or committed.

By a singular coincident a box of sugar-coated pills, containing each one-twentieth of a grain of strychnine, regularly prescribed by a regular physician of this city, properly dispensed, came into the hands of a lot of ignorant people, who in their criticism of the medicine, contended that any amount might be taken, and on the banter of one or the other of them, a young girl amongst them took fourteen, with the effect of—notwithstanding most energetic and prompt medical aid—becoming a subject of the decision of that official whose office, by age, has become sorely decrepit. After a lengthy deliberation and sitting, probably on account of the difficulty of fixing any responsibility on something or some one, the *deodand* pills having been all consumed, the sage official conceived the idea that the drug clerk who had dispensed the pills at the physician's prescription, must evidently be the criminal cause, as he had failed to affix to the pills the ominous "Poison" label, and he instructed his intelligent jury to render the verdict in accordance, which was by them duly and verbatim accomplished.

Just what the dispenser of an ordinary dose of strychnine had to do with the death of the foolish girl who was dared into taking fourteen pills, is to any one of ordinary sense not clearly obvious. The doses of the medicine, as stated on the box, were certainly within proper reason, and would not have called for caution of any kind. That people will make fools and defuncts of themselves by taking fourteen times the quantity prescribed is obviously as little the fault of the dispenser as the cutler can be held responsible who made and sold the knife that cut another's throat.

Coroners at this period are not so all-powerful that they can domineer the physician in the practice of his profession to oblige him to prescribe medicines according to their ideas, and we would most certainly severely condemn any druggist who would affix a poison label to a physician's prescription containing either strychnine, arsenic, morphine, etc.; we could not expect to cure a nervous patient, who, instead of seeing the health-bringing medicine in his pill-box, would detect thereon the skull and crossbones, with the ominous "Poison" mark displayed on its cover.

Even Coroners must understand that the country is not created for them, and that they must show some regard for public opinion. Although the medical profession can no longer lay claim to this, perhaps the only office which requires a knowledge of forensic medicine—as its sinecure is wanted for the protegés of political bosses—the office should not be utilized to present a stumbling block for the profession, nor its adjuncts, the pharmacists.

The people of Philadelphia will recognize one of these days that the Coroner's office has outlived its usefulness; that the days of *deodands* and *intelligent* Coroners' juries are over. A few medical officers, aided by the magistrates as committing officials, could, as in other countries, and at a great saving to the taxpayers, be of far more service to the public than the dependents upon favors from machine politicians.

THE USE of alcohol in its various forms is of such great importance in the treatment of disease that we would be most sorely puzzled to get along without it. As a drug, it is of the greatest value, no matter how much its use is to be deprecated as an article of diet. It is to be deplored that the great demand for it for the latter purpose has rendered it an object of much sophistration, and it is only with difficulty that the physician may pronounce in favor of an article of that kind, knowing that there is no longer any brandy distilled from grapes in France, or that the whiskeys of our market are rarely anything else than flavored and prepared highwines. It is gratifying to know that the Duffy Malt Whiskey Company has undertaken to furnish for medical uses a pure malt whiskey, which is reported to be all that is desired of alcoholic stimulant in treatment of disease. Free from that poisonous amylic alcohol called fusel oil, it is said to be readily borne by the most irritable stomach, without creating any disagreeable after-effect and gastric derangement.

EDITORIAL CORRESPONDENCE.

THE WESTMINSTER HOSPITAL AND SCHOOL OF MEDICINE—ST. MARY'S AND UNIVERSITY HOSPITALS—THE LONDON DERMATOLOGICAL SOCIETY, ETC.

LONDON, July 16, 1884.

Shortly after my arrival here, and after recovering somewhat from the fatigue of my voyage, I received, through the courtesy of a member of the medical staff of the Westminster Hospital and Medical School, an invitation to visit that institution, which I accepted. The hospital is situated opposite Westminster Abbey, and although not as large as many of the other London hospitals, I found it in every respect a model of neatness and cleanliness, and presenting a pleasing, home-like appearance. The wards, bright and cheerful, were tenanted by patients afflicted with almost every phase of disease usually found in a general hospital. It was here that the quiet, modest, but thorough worker, Dr. William Murrell, who walked by my side and pointed out the peculiarities of the different cases, made known to the profession through a series of experiments the action of sodium nitrite under certain circumstances, and the proper dose to administer in beginning its use.

On the fourth day of July I had the pleasure of meeting in the lecture-room of the School the teachers of the institution and their classes. The subject of the lecture, which I was invited to conduct on this occasion, was upon the oleates and jequirity. It was delivered under more than ordinary favorable circumstances. The students, a very intelligent set of gentlemen, were quiet, attentive, and courteous in every way, through the entire hour. I was so much pleased that in closing I expressed my high appreciation of both the English physician and student, and remarked that in some respects I thought their system of medical education possessed a few advantages over the course pursued in my own country. It happened that among the audience was an American physician, who, after the lecture, expressed himself as being much displeased with the concluding portion of my address. When this gentleman becomes acquainted with the methods pursued in teaching an English student of medicine he will no doubt change his opinion.

Dr. Malcolm Morris, who conducts the skin clinic at St. Mary's Hospital, thoroughly interested me a few days later, by exhibiting many typical cases, and rapidly reviewing their treatment. I was particularly impressed with his method of eradicating the spots of infiltration in lupus by a double-threaded screw. Some five or six cases were operated on during the hour. The instrument was rapidly passed under the lupoid tissue and then withdrawn. He claims that the screw destroys the deep infiltration, but saves the external feature of the integument, which is usually healthy, and thus prevents scarring to a great extent. In one of the wards of the hospital Dr. Morris showed me a most interesting and typical case of general scleroderma in a young woman about thirty years of age. The hardening of the skin set in after several attacks of rheumatism, about nine months previous to her admission, and continued to grow worse, notwithstanding the utmost care and attention. The patient looked like a woman of sixty; the skin was somewhat yellow, with here and there white streaks; it was polished, and very hard to the touch. On the dorsal surface of the right hand, as far as the wrist, a deep angry ulcer recently made its appearance. The prognosis was in every way unfavorable.

The clinic of Dr. Radcliff Crocker, the successor of the late distinguished Dr. Tilbury Fox, at the University Hospital, was one of the most practical that I have seen in London. Through three (to me) short hours I listened to the highly instructive remarks of Dr. Crocker as he presented a large number of cases to his class. He used freely, and reported with good results, zinc oleate in cases of eczema.

Through the politeness of Dr. F. Colcott Fox, who conducts the skin clinic at the Westminster Hospital, I visited the sessions of the Dermatological Society, and met many of the prominent members. Dr. Allchin presided, and the attendance was large. A number of interesting cases were presented, and their condition and the mode of treatment adopted described. Dr. Payne, of St. Thomas's Hospital, showed a case of pemphigus in a child. The fingers and nails were involved. Mr. Baker, a gentleman of pleasing manners and address, called the attention of the Society to a case of rhinosclerma of the adjoining portions of the right eye, and an unusual form of ichthyosis. The latter condition was diagnosed by spots of inflammation as an eczematous state, and Dr. Liveling remarked that he had occasionally observed them. A marked case of leprosy was exhibited by Drs. Radcliff

Crocker and Allchin—the man having a number of small tumors scattered over the body. The main portion involved was the neck. Two large symmetrical elastic tumors were found posteriorly just below the occipital protuberance. Dr. Duckworth said that Mr. Baker had shown a number of similar cases, and that this condition at Guy's Hospital was known as Baker's disease. Mr. Baker replied that an examination of several cases, upon whom he had operated, showed an involvement of the cellular tissue, and that the removal of them had not been attended with good results. One of the members exhibited a case of ichthyosis of the tongue. Several other forms of skin affections received due attention. I was pleased with the enthusiasm shown by Mr. Jonathan Hutchinson. Although he has recently retired from the London Hospital, yet he took as much active interest in the meeting as the younger portion of it did. He looks about forty-five years of age, but I was told he was at least sixty-five. Mr. Hutchinson had before the Society some very fine drawings of a case that he termed eczematous lupus. The meeting was harmonious—more like a social gathering—and especially interesting to the invited guests.

Skin affections appear to be far more plentiful in England than in the United States, judging from the large number of cases that I have seen in the different hospitals; but London, being a kingdom of itself, and the centre of civilization, would naturally attract, with her great medical advantages, the diseased from every quarter to seek relief from their ailments, and this may serve to explain it. J. V. S.

MEDICAL NEWS AND MISCELLANY.

THE BULLETIN, with this number, commences the publication of a series of selected formulæ from the formularies of various hospitals, dispensaries and institutions for the treatment of special diseases, from this and other cities, as well as from abroad. They comprise such that have stood the test of time, and can be relied upon by the general practitioner in similar cases occurring in his practice.

A Chinese doctor in Arizona Territory was fined $100 because his diploma turned out to be only a laundry list.

Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.

Surgeon-Major, F. M. Waters, of her Majesty's Indian Army, is in this city, and is the guest of Dr. Louis Lewis, 1632 Vine Street.

So far as known phosphorescence is chiefly developed in fishes in consequence of nervous excitement or irritation, and is mostly of use as a means of defense against enemies.

What is called swamp fever has killed off 5000 of the 15,000 negro laborers on the Panama Canal in the last three months. Some of the laborers are Italians, and they do not suffer nearly so much.

The French method of administering castor oil to children is to pour the oil into a pan over a moderate fire, break an egg into it, and stir up; when it is done, flavor with a little salt or sugar, or currant jelly.

The deep sea is illuminated only by the deep green sunlight that has passed through a vast stratum of water, and therefore lost all the red and orange rays by absorption. The deep sea star-fishes are nearly all orange, orange red or scarlet, even down to 3000 fathoms.

The mortality of the globe, as given by a continental journal, which has made the computation, is as follows: Per minute, 67; per diem, 97,790, and per annum, 35,639,835; whereas the births are 36,792,000 per annum, 100,000 per diem, and 70 per minute.

The following testimonial of a patent medicine speaks for itself: "Dear Sir—Two months ago my wife could scarcely speak. She has taken two bottles of your 'Life Renewer,' and now she can't speak at all. Please send two more bottles. I wouldn't be without it."

In Russia the sphere of usefulness open to women physicians scarcely exceeds that of skilled nurses. They are permitted only to treat the diseases of women and children. Apothecaries, moreover, are forbidden to put up prescriptions coming from a woman.

DIPHTHERIA AND MICROCOCCI.—According to the remarks of Dr. H. C. Wood, in the recent meeting of the Pennsylvania State Medical Society, there is in the ordinary natural saliva of every person's mouth a micrococcus or plant that cannot be distinguished from the micrococcus of the most malignant diphtheria; they were, as far as could be discovered, identical. The same micrococci were found in great abundance in cases of puerperal metritis, sloughing sores, and gangrenous wounds; from which he infers that diphtheria is not a specific disease, but simply a putrid or septic sore throat, of greater or less severity in different cases. This is returning very nearly to the opinions derived from clinical observation fifty years since.

HEPATICA.—Messrs. J. U. & C. G. Lloyd, of Cincinnati, have been investigating the subject of liver-leaf, and have found much that is new and interesting in connection with the commercial and botanical history of this drug. Of late years this drug has been extensively consumed in the preparation of certain proprietary medicines. From statistics collected by Messrs. Lloyd, it appears that last year over 340,000 pounds were consumed, of which amount over 300,000 pounds were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we have two species that produce the drug. In most medical works, and in old botanical works, the plants were classified as hepatica; but late botanical authorities include them in the genus anemone, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from anemone would seem to indicate the doubtful propriety of placing them with that genus, and the name hepatica, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are now named anemone acutiloba and anemone hepatica, and very closely resemble each other, except in the shape of the leaves—the former has sharp lobes to the leaves, the latter blunt lobes.

Our Pharmacopœia has recognized but one species—the round-lobed form. It is proven, however, by Messrs. Lloyd, that nine-tenths of the native drug of commerce is collected from the sharp-lobed species, which has never been officially recognized. The medical properties of hepatica are unimportant. The plant does not contain an active principal, and is as devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is creditable that the medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines of North America," of Cincinnati, which, in addition to full botanical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

A SAD DISCOVERY IN HOMŒOPATHY.—Dr. J. Edwards Smith, a leading light amongst the homœopaths, made the startling discovery that the sugar of milk, which is and for a long time has been employed as an inert vehicle in making triturations, is universally impure. We quote the language of the learned doctor: "The first effect upon the mind which an unquestionable proof that all sugar of milk, wherever bought, contains at least enough silica, alumina and iron to constitute the sixth decimal potency of these drugs, if it have received the proper amount of trituration, is a fact which seems stupendous, when we reflect that many of the polycrests may only be prepared by trituration, while the process has been adapted to many other drugs. The matter is not benefited apparently by the matter placed on record by Dr. Conrad Wesselhoeft, that the glass bottles, such as we use in preserving dilutions, are, to a very appreciable extent, soluble both in water and 95 per cent. alcohol. We see at once whenever we have prescribed an attenuation of any remedy we have in reality administered two or more drugs; and furthermore, with reference to silica, alumina and iron, we have never given them in a potency higher than the sixth decimals, if one measure potency by dilution rather than by dynanization."

The rapid strides of modern science are rendering the honest practice of homœopathy more and more difficult. It is only those who are willing to overlook the truths which are clearly presented to their notice, who can succeed in practising the so-called art based as it is on absurdities and contradictions, and whose votaries in many instances, if not all, are too eager to barter science, common sense and self-respect for gain.—*N. O. Med. and Surg. Jour.*

THE FORMATION OF UREA.—MM. Grehant and Quinquand have been conducting some further investigations as to the places of formation of urea in the economy. They have estimated several times the amount of urea in the blood going to, and in that coming from the spleen and liver. The blood from the hepatic, portal, and splenic veins always contained more urea than arterial blood taken from the carotid arteries. From this they conclude that the abdominal viscera form urea. It is also asserted that the proportion of urea is practically the same in arterial and venous blood from the limbs and head. Lymph and chyle collected from the thoracic duct after section of the medulla oblongata and the employment of artificial respiration have always been found to be richer in urea than venous or arterial blood.—*The Lancet.*

SOME OF THE WORK WHICH CHOLERA HAS DONE.—In 1871 there were 300,000 deaths from cholera in Russia; in 1873 there were 16,000 deaths in Poland; in 1872–73 there were 140,000 deaths in Hungary; in 1872–73 there were nearly 27,000 deaths in Prussia; in 1865–67 there were 143,000 deaths in Italy. In Paris the mortality from cholera has been as follows: In 1832, 18,654 deaths; in 1849, 19,184; in 1853–54, 8096; in 1865–66, 12,082; in 1875, 885. In England, in 1849, the deaths from cholera were 70,000. In 1817 the army of the Marquis of Hasings in India lost 9000 men in twelve days from Asiatic cholera.

A NOVEL way of determining sugar in the urine is detailed by a correspondent of l'Union Mèdicale. It appears that the correspondent paid a visit to Ab der Haman, a celebrated quack, who was forced to leave Algiers, and took his abode in the near neighborhood. A Frenchman belonging to the more educated classes had diabetes and went to consult the charlatan daily, furnishing him with specimens of his urine at each visit. He also furnished a druggist with them to act as a check upon the Arab. The day that the latter announced to him the absence of all sugar in his urine the druggist corroborated the statement. The patient, astonished at the coincidence, and knowing that the Arab did not have recourse to chemical agents, asked him what method he employed. "The thing is very simple," quoth the quack, "I throw your urine on the ground near an ant's nest. The earth absorbs the liquid, and the ants come out in numbers, attracted by the sugar, which tends to remain upon the surface. To-day they have not come, hence I conclude that there is no more sugar." This might prove valuable where reagents cannot be obtained, and where the practitioner objects to the old method of tasting.—*Exchange.*

AN INSTANCE OF NERVOUS IMPRESSIONABILITY.—Dr. Blykaerts relates a curious case of a boy, thirteen years of age, who resembled Samson in that the cutting of his hair exerted an extraordinary influence upon him. At the first clip of the scissors he would begin to tremble, then he would suffer from ringing in the ears, vertigo, and dimness of vision. Then the pulse would become thready, and soon a state of complete syncope would come on. This would last for five or six minutes, and would then be succeeded by vomiting. The child was in apparent good health, but never had convulsions, and came from a family free from epilepsy. The treatment consisted in first accustoming the boy to handle the scissors himself and to snap the blades together. Then for a time one hair was cut each day, then a lock, and so on, until finally the peculiar impressionability was entirely overcome.—*Le Progrès Médical.*

COLLODION.—Mr. Samuel Gamgee writes: "To swollen parts which cannot well be bandaged, collodion is especially applicable for the compression attending its contraction. I was consulted in the case of a boy disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in a fortnight, producing shrinkage of the organ to its natural size and color. When the nasal bones are fractured, a very effective mould for keeping them immovable after adjusting them with the fingers, may thus be made: Place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries another layer of cotton and collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.—*Weekly Med. Rev.*

PREPARATION OF SOLUBLE BOUGIES.—Labler manipulates as follows: White gelatine, 2 parts, is dissolved in water, 8 parts, and glycerine 1 part, and the solution heated in a water bath, until a drop of it placed upon a glass or marble slab has the proper consistence after cooling; the necessary quantity of tannin, iodoform, etc., dissolved in, or triturated with a little water, is then added, the whole stirred and heated until the water has been evaporated, when the mass is sucked up in glass tubes of the requisite diameter. The glass tube is closed up with the finger and then laid upon a cool slab. The glass tube aving been previously cut with a file near the middle, and united again by pasting a strip of paper around the joint, the paper is soaked off, the two halves of the tube are sufficiently pulled apart, so as to withdraw a small portion of the bougie, and by means of the spritz a little water is dropped between the glass and the mass, when the latter may be easily withdrawn from one-half of the tube, and after a similar manipulation, also from the other half. In this manner bougies 0.5 meter long may be easily obtained, and afterwards cut to suit.

THE BROMIDES AS A CAUSE OF INSANITY.—At the last meeting of the American Neurological Association, Dr. Bannister called attention to the maniacal excitement sometimes produced by the use of the bromides. Corroborative instances were mentioned by Drs. Hammond, Jewell, Spitzka, and Seguin. Perhaps the best commentary on this paper is the recent suicide of a physician in a condition of frenzy produced by bromidizing himself for the prevention of sea-sickness. This procedure has been so enthusiastically recommended for sea-sickness, by the author of "Oh, My," Dr. Beard, that it is about time some attention was called to the dangers of the process. The bromides have been greatly abused in the treatment of the neuroses, and it is to be hoped that a severely critical examination of their therapeutic use will be inaugurated by this paper of Dr. Bannister.—*Chicago Med. Rev.*

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NOTES, QUERIES, AND REPLIES.

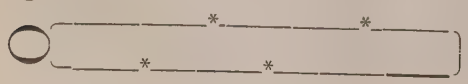
Electrical Terms.

In reply to a series of queries from Dr. A. C. D., as to "the danger of liberating the enormous quantities of electricity as now produced by electric lighting companies," "the operation of electric lighting," and "an explanation of the terms used in connection with the production and operation of electrical currents," we submit the annexed answers:—

1. Electricity is a form of *energy* or ability to do work, just as is heat, light, or motion. Machines or batteries do not *make* electricity, they simply *collect* it, and force it to traverse definite paths.

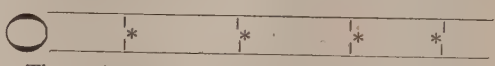
2. There was just as much electricity in the world when it was created as there is now. Modern machinery only renders its force available, just as an engine does the power of steam, or a turbine the weight of water to develop motion. None of the electromotive force or energy produced or collected by dynamos or batteries is liberated into the air *as electricity*. All currents, however produced, simply traverse conductors from the point of origin through instruments actuated by the force developed, and back again to the point of departure. The current from a galvanic series leaves the battery at the positive pole (which is connected with the negative element) and returns through the negative pole (which is attached to the positive element). The current from a dynamo is under the same conditions. It leaves the machine, does its allotted work, and returns to the dynamo. The only foreign material thrown into the atmosphere by batteries is the fumes from the solutions used, and carbonic oxide and carbonic acid from the boiler house, together with water and steam from the engine which drives the dynamo-electric machinery.

3. The systems employed in electric lighting are the *arc* and the *incandescent*. In the first the current traverses rods of carbon, the points of which are slightly separated from each other in the lamp, which thus offers resistance to the passage of the current, and the great resistance heats the carbons to an intense white, thus producing the lights. The lights are usually from ten thousand to twenty thousand candle power each. The lamps are inserted at intervals, so as to offer *breaks of continuity* at any point in the conductors, thus (the line being the conductor, the star a lamp, and the circle a dynamo). The carbons are rapidly burned up, lasting about eight hours.



This system is applicable to out of doors illumination, and the lighting of large depots, factories, etc.

The *incandescent* system employs lamps which are small glass globes about the size of a lemon or pear, from which the air is exhausted, and in which a thread of carbon or refractory metal (iridium, platinum, etc.), forms *part* of the uninterrupted circuit. The resistance here develops heat and light as before, of lesser intensity than an arc lamp, and the film is not readily consumed. It will, if a good one, last from six to fifteen hundred hours before breaking. Finally, however, it must be replaced by a new one. The power of such lamps is from ten to a hundred candles each, usually sixteen-candle power. These lamps are desirable in indoor lighting for churches, houses, theatres, etc. They are not inserted in the *continuity* of the conductor, but are bridged *between* the outgoing and returning currents, thus:—



The main conductors are of heavy wire, and they carry a heavy current, and the lamps are connected to them by finer or smaller wires, which allow a *part only* of the current to flow through each lamp from one conductor to the other. The main conductors are *not continuous* at the farthest point, as in the arc system, hence the current can only return to the dynamo through the bridges. Automatic arrangements exist to prevent too much current passing through any single lamp, which would destroy it.

The value of a current depends on its electromotive force, its intensity, and the resistance, and it is expressed by the formula $I=\frac{E}{R}$ or $C=\frac{E}{R}$, I (or C) being current, E electro-motive force, and R resistance. Until lately the unit of quantity was known as a *veber*, the unit of electro-motive force as a *volt*, and the unit of resistance an *ohm*, but now the symbols are as follows:—

Resistance, . .	Ohm,	R.
Electro-motive force,	Volt	E.
Intensity, . .	Ampere,	I.
Quantity, . .	Coulomb,	Q.
Capacity, . .	Farad,	C.
Unit of time, . .	Second,	T.

A galvanometer is an instrument which measures the power of a current, and also indicates its direction.

The above will answer concisely the queries in the space at our command, and will, we trust, serve the purpose indicated in our correspondent's letter.

W. R. D. Blackwood.

August 5, 1884.

BOOK REVIEWS.

A Compend of Organic and Medical Chemistry, including Urinary Analysis and the Examination of Water and Food. By HENRY LEFFMANN, M.D., Professor of Chemistry and Metallurgy in the Pennsylvania College of Dental Surgery and of Clinical Chemistry and Hygiene in the Philadelphia Polyclinic. Philadelphia: P. Blakiston, Son & Co. 1884.

This is No. 10 of the excellent series of Quiz Compends issued by P. Blakiston, Son & Co., and is certainly by no means the least valuable. When the author states that "the work will, I think, be found to contain a sufficient outline of organic and medical chemistry to serve the purpose of the student, especially one pursuing the study of medicine," he states it modestly. It *does* contain an amount of clinical information in so compact a form that more pretentious volumes are devoid of, and, in our opinion, will prove instructive to a good many others when refreshening is needed. Dr. Leffmann has done excellent service in this, and doubtless those of our readers who are interested in this fascinating science will agree with us. The book is handsomely bound and printed.

The Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics, and of Clinical Medicine, at University College, etc. etc. With illustrations. Fifth American edition. Philadelphia: P. Blakiston, Son & Co. 1884.

Dr. Roberts's exhaustive work on the Theory and Practice of Medicine has attained such popularity and found to be so essential to students and practitioners of medicine that it has commanded a fifth American edition, which is certainly a very high indorsement of its value. It has been thoroughly revised throughout, and very much of practical importance has been added. Special attention has been given to the chapters on diseases of the nervous system, and all that is new on the diseases of the skin has practically been re-written by Dr. Colcott Fox, whose skill in their treatment is unquestioned on both sides of the Atlantic. Indeed the whole volume gives evidence of painstaking care to make it so useful and instructive that the author will not rest upon the fifth, but will have to bestir himself to introduce other editions to satisfy the public demand. In the opening sentence of his introductory chapter he gives the following piece of advice, which we have thought might be useful to some of our young men commencing the study of medicine: "In order to acquire a satisfactory knowledge of the Science and Art of Medicine, it is essential that the mental faculties should have been previously cultivated and trained, while at the same time the mind is stored with the requisite information, by an adequate study of the fundamental and more scientific subjects which constitute the earlier portion of the medical curriculum. Above all, is it necessary that the student should be thoroughly acquainted with the construction of the human body, and the normal composition, structure and functions of its various fluids and organs in health—in short, with Anatomy and Physiology." In this, we think our friend, Dr. Traill Green, will heartily indorse Dr. Roberts, for in his address before our State Association he complains of the neglect of the study of these essentials. The book is a large octavo, numbering 1008 pages, including a very good index, and is handsomely illustrated. We heartily commend it to the favorable opinion of our readers.

Malaria and Malarial Diseases. By GEORGE M. STANBERG, M.D., F.R.M.S., Major and Surgeon U. S. Army; Member of the Biological Society of Washington; Late Member of the Havana Yellow Fever Commission of the National Board of Health; Corresponding Member of the Epidemiological Society of London, etc. New York: William Wood & Co. 1884.

For the July number of Wood's Library of Standard Medical Authors we are presented with an entirely original treatise on "Malaria and Malarial Diseases," written by a gentleman exceedingly well qualified to perform the task, and whose views experience has tested. The author says in the preface "that the present volume will be found to contain much valuable information not elsewhere accessible to American readers, and that the very considerable portion of the work printed in small type, at least, will be appreciated." In this he tells what is but true. It does contain "much valuable information;" and when it is seen that the authors most freely quoted from are Colin, Morehead, Fayer, Bérregious and others, gentlemen who have had an extended experience in intensely malarious districts throughout the world, we think that the readers of the work will appreciate the "small type" portion highly. The study of Malaria and its causes, at the present, is eagerly pursued, and our author has given us in this volume a great deal of valuable information. In our last issue we spoke of the judicious selection made by the editor of Wood's Library of the volumes for its monthly publications, and our words are verified in this number. The book is timely and fresh, containing the very latest expositions on the subject, even as late as May, 1844, so that whatever new could be said on the subject has been done, and it is told lucidly and without ambiguity. We should think, considering the

cheapness of the work and the interest attaching to the subject, that it would command a large and ready sale. It is certainly deserving of it. In typography and binding it is in keeping with the other numbers of this excellent library.

Excessive Venery, Masturbation, and Continence. By JOSEPH W. HOWE, M.D. 8vo. pp. xv., 291, and Index vii. Bermingham & Co., 28 Union Square, New York. 1884.

This book has received a scoring at the hands of some reviewers in the more obscure journals, simply because the subjects discussed are those not usually alluded to in public. Every topic in the book is carefully, judiciously, and legitimately handled, and there is need of just such a treatise by every general practitioner who has over and over again been disheartened by the treatment of the stubborn affections considered in this excellent volume. In these days, when women dabble in medicine without a blush, no reputable physician should hesitate to learn what he may concerning this neglected, but important branch of practice, and this work will aid and teach him satisfactorily. It is a good book.

Botanical Micro-Chemistry. An Introduction to the Study of Vegetable Hierology, for the Use of Students. By J. A. PAULREN. Translated from the Danish by J. WILLIAM FRELEARE, Professor in the University of Wisconsin. Boston: S. E. Carrina & Co. 1844. 8vo., pp. 118.

The volume before us is one of the many works on microscopical technology which, although preferredly written for the use of students and beginners, are far beyond the comprehension of the average worker in the particular department of microscopy, and thus are more books of reference than text-books.

Prof. Paulren's book is divided into two parts, the first of which treats of the different reagents, more or less useful, used in vegetable microchemistry. The different chemicals and their relations are described in a few words, and their applications and reactions are shortly discussed. In an appendix to this part some of the cements and mounting media are described, amongst the most useful of which are those added by the translator.

In the second part the different substances found in plants, together with the reactions when treated with the reagents mentioned in Part I., are described, but hardly with enough detail and precision to be of much value to the beginner. The whole is prefaced by a long list of books and papers relating to the subject in which, curiously enough, no mention is made of any publication in the English language. The volume, however, will be of value as a book of reference to the advanced worker in botanical microscopy, and as such it certainly is an addition not to be despised on account of its short-comings. The translator has clothed the ideas of the author in exceptionally good and clear language, an achievement so rarely met with in translations of scientific works.

The external appearance of the book is elegant, both in typography and binding, and does credit to the publishing firm.

Manual of Physiology. A Text-book for Students of Medicine. By GERALD F. YEO, M.D., F.R.C.S., Professor of Physiology in King's College, London, etc. Philadelphia: P. Blakiston, Son & Co. 1884.

This book is a valuable one in every respect, and we are glad that the enterprising publishers have brought it out. It will meet with a warm welcome, for the want of a new elementary treatise on this subject was being felt. We are also sure that the members of our Physiological societies will agree with us after a perusal of its instructive contents. The study of physiology is attracting of late years a great deal of attention, and is of so much importance to the progressive physician that it is necessary that his library should be supplied with the latest literary efforts of scientists like Dr. Yeo. It is a small octavo of 750 pages, including a glossary and index. The illustrations number three hundred. The following is a summary of its contents:—

I. The Objects of Physiology. II. General View of the Structural Characters of Animal Organisms. III. Chemical Basis of the Body. IV. The Vital Characters of Organisms. V. Nutrition and Food Stuffs. VI. The Mechanism of Digestion. VII. Mouth Digestion. VIII. Stomach Digestion. IX. Pancreatic Juice. X. Bile. XI. Functions of the Intestinal Mucous Membrane. XII. Absorption. XIII. The Constitution of the Blood and Blood Plasma. XIV. Blood Corpuscles. XV. Coagulation of the Blood. XVI. The Heart. XVII. The Blood Vessels. XVIII. The Mechanism of Respiration. XIX. The Chemistry of Respiration. XX. Blood Elaborating Glands. XXI. Secretions. XXII. Urinary Excretion. XXIII. Nutrition. XXIV. Animal Heat. XXV. Contractile Tissues. XXVI. The Application of Skeletal Muscles. XXVII. Voice and Speech. XXVIII. General Physiology of the Nervous System. XXIX. Special Physiology of Nerves. XXX. Special Senses. XXXI. Taste and Smell. XXXII. Vision. XXXIII. Hearing. XXXIV. Central Nervous Organs. XXXV. The Medulla Oblongata, XXXVI. The Brain. XXXVII. Reproduction. XXXVIII. Development. Glossary. Index.

The illustrations are very good, and the book in its typographic appearance looks well. The price for it, bound in cloth, is $4.00; leather, $5.00.

Diseases of the Throat and Nose, including the Pharynx, Larynx, Trachea, Œsophagus, Nose and Naso-Pharynx. By MORELL MACKENZIE, M.D., London, Consulting Physician to the Hospital for Diseases of the Throat, etc. Volume II. Philadelphia: P. Blakiston, Son & Co. 1884.

We have now before us the second volume of Dr. Mackenzie's exhaustive work on Diseases of the Throat, the publication of which was delayed by the entire destruction by fire of the sheets when nearly ready to be bound; but fortunately the author had in his possession the proof-sheets, and thus was enabled to reprint it. As is well known by the medical profession generally, no one stands higher as an authority on the subject matter of this book than Dr. Mackenzie, and as he has given nearly twelve years to its production, we have a right to expect that in its pages will be found much valuable matter that will prove very serviceable to the profession, and in this our readers will not be disappointed. From a hasty glance through its pages we notice that he has garnered a vast store of information, and has used it very judiciously, putting it into a compact form, so as to render it readily available. The matters treated are respectively the Gullet, the Nose, and Diseases of the Naso-Pharynx, with the addition of an Appendix. The illustrations are very good, and it is handsomely printed and bound, in keeping with Vol. I.

Charles Reade's Novels. "Harpers' Household Edition." Green cloth. 12mo. Illustrated. I. "A Perilous Secret," pp. 160. II. "Good Stories," pp. 319.

These two handsome volumes are the latest additions to the well-known and highly-appreciated Household Edition of the great writer's works. Reade wrote most of his novels with the object of showing up and reforming abuses, and he has been successful in his aim. The two last of his books are, as might be supposed, interesting and readable. The "Good Stories" *are* good; they are short, pithy, and just the thing for the summer tourist's travelling bag. The "Perilous Secret" has a well-matured plot, is well-sustained in its narration, and once taken up is hard to lay down without finishing it. Like all of Harpers' work, the typographical execution of the volumes is excellent, the illustrations are very good, the binding handsome and durable. The possessor of a set of Reade's novels has the means of passing time at hand, for many of them will stand reading over and over again. The publishers would fill a want by adding Wilkie Collins's complete series—his "Fallen Leaves," "Haunted Hotel," and others equally valuable—not yet published, to those of the green cloth edition already issued.

NEW PUBLICATIONS RECEIVED.

Notes on the Opium Habit. Asa P. Myberet, M.D. Pp. 36. G. P. Putnam's Sons, N. Y. 1884.

Fractures of the Neck of the Femur. N. Senn, M.D., Milwaukee, Wis., 1883. 8vo. Pp. 113. Illustrations.

Answer of the Supervising Surgeon-General to the National Board of Health, March 12, 1884. Washington: Government Printing Office.

How Can Physicians Aid in Elevating the Profession of Pharmacy? By F. E. Stewart, M.D., Ph.G. A paper read before the Philadelphia County Medical Society.

Memoir on the Nature of Diphtheria. By Drs. H. C. Wood and H. F. Formad, of Philadelphia. Appendix A, Report of the National Board of Health for 1882.

Report of the Secretary of the Treasury on the Administration of the National Quarantine Service and the Epidemic Fund. February, 23, 1884. Washington: Government Printing Office.

Report of the Board of Managers of the Pennsylvania Hospital to the Contributors at their Annual Meeting, held Fifth Month, 5th, 1884, together with the Accounts of the Treasurer and Stewards.

The Second Annual Report of the Provincial Board of Health of Ontario, being for the year 1883. Published by order of the Legislative Assembly. C. Blackett Robinson, 5 Jordan Street, Toronto, Printer.

Argument of J. Coleman of Counsel before the Committee on Public Health of the House of Representatives, in the matter of the Consideration by the Committee of House Bill No. 2785. Submitted March 20, 1884. Washington: Government Printing Office.

A Test Card of Words made up of Letters Confusing to the Astigmatic Eye. Instructions for Use by the General Practitioner for Diagnosis. By William S. Little, A.M., M.D. Lithographed and published by J. W. Queen & Co., Philadelphia, Pa., 1884.

On Paroxysmal Fever—not Malarial. By J. H. Musser, M.D., Physician in Charge of the Medical Dispensary of the Hospital of the University of Pennsylvania; Pathologist to the Presbyterian Hospital. Reprinted from the Proceedings of the Philadelphia County Medical Society. W. G. Kildare, Printer.

The Objects of Dermatological Classification, with Especial Reference to Auspitz's System. By Edward Bennet Bronson, M.D., Professor of Dermatology in the New York Polyclinic. Reprint from the Journal of Cutaneous and Venereal Diseases. Vol. II., Nos. 6 and 7, 1884. New York: Wm. Wood & Co., 56 and 58 Lafayette Place, 1884.

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., and
HIRAM WOODS, A.M., M.D.

'80.—The daily papers of last week noted the death of Dr. J. Hooper Shephard, at Cambridge, Md. Dr. S. spent some time in Europe after his graduation, and then settled at Cambridge. Shortly before his death he had purchased a Cambridge paper with the view of going into journalism.

'82.—Doctor A. B. Miller has settled at Geddes, New York. Dr. M. has married, and when last heard from was succeeding in his efforts to build up a good practice.

'83.—Dr. Charles A. Cooke has left Bay View Hospital, where he settled after graduation, and has opened his office at the corner of Second and St. Paul streets (ext.), in Baltimore County. Dr. Cooke is also working up eye matters at the Presbyterian Hospital.

'84).—Dr. J. Stuart McIlhany is located at Fairfax, Tucker County, West Virginia. Dr. John W. Hocking proposes to spend several months at Bay View Hospital. Dr. Fred W. Taylor is practising at Ocean, Allegany County, Md. Dr. J. R. Jordan has located at Lexington, Va. He is said to have a monopoly on the eye and ear cases of Lexington. Dr. J. spent several months while in Baltimore at the Presbyterian Eye and Ear Hospital.

In the city everything is rather quiet. Physicians are either away, going away, or have just gotten home. Dr. Ridge Trimble, assistant resident physician at the University Hospital, is at his home on the Eastern Shore. Prof. Michael is fishing, gunning, and having a good time generally at his old home in Harford County. Prof. Atkinson has been away for some weeks, but is now at work again.

Dr. Randolph Winslow has continued to enjoy an exceptionally fine surgical service at the University Hospital. Since our last communication he has performed the operation of excision of the pylorus. This is certainly the first time the operation has ever been done in this city; indeed, only two or three cases, it seems, have been reported throughout the country. The patient was a woman 42 years of age, and the mother of nine children. She had been sick over a year, was greatly emaciated, but was anxious to have the chance afforded her by the operation. Dr. Winslow excised about 4 inches of pylorus and duodenum, which were cancerous. The patient was unequal to the tax on her strength, and died from shock a few hours after the operation. Dr. Winslow will report the case more at length in the near future.

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